

# Form 115A Premium Tax Return

## Tax on Premiums Charged by Unauthorized Insurers

<i>Please change <span style="border: 1px solid black; display: inline-block; width: 10px; height: 10px; vertical-align: middle;"></span>          Name or          Address, or          both, if shown          incorrectly at          right</i>	Connecticut Tax Registration Number
	Federal Employer Identification Number
	Date Received (For Department Use Only)

### Schedule of Insurance Purchased from Unauthorized Insurers

1 Contract Number	2 Effective Date	3 Expiration Date	4 Name and Address of Insurance Company	5 Subject of Insurance	6 Description of Coverage	7 Premiums Allocated to Risks or Exposures Located in Connecticut	8 Code (See Instructions)

Make checks payable to: <b>Commissioner of Revenue Services</b>  Mail to: <b>Department of Revenue Services          PO Box 2990          Hartford CT 06104-2990</b>	<b>A. Premiums charged in Connecticut.</b> Enter the total from Column 7. \$		
	<b>B. Tax:</b> Multiply Line A by 4% (.04) \$		
	<b>C. Penalty</b> _____ + <b>Interest</b> _____ = \$		
	<b>Amount Due</b> (Add Line B and Line C) \$		
	<b>Amount Enclosed</b> \$		

**DECLARATION:** I declare under the penalties of false statement that I have examined this return and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.) Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> <b>Keep a copy for your records.</b>	Signature of Principal Officer	Date	Daytime Telephone Number (    )
	Print Name of Principal Officer	Title	
	Paid Preparer's Signature	Date	Preparer's SSN or PTIN
	Firm's Name, address, and ZIP Code		FEIN

# General Instructions

## Purpose

Conn. Gen. Stat. §38a-277 provides that every insured pay a tax at the rate of 4% (.04) of the gross premiums charged by an insurer not licensed by the Connecticut Department of Insurance, for insurance procured, continued, or renewed, located or to be performed in Connecticut.

## Exemptions

This tax is not applicable to premiums on wet marine and transportation insurance or individual life and disability insurance.

**NOTE:** An insured must file **Form-115AR**, *Report of Procurement, Continuance or Renewal of Insurance with Unauthorized Insurers*, within 60 days after the date the insurance was procured, continued, or renewed.

## When to File Form 115A

Payment of tax must be made on or before March 1, 2001, for insurance that was procured, continued, or renewed during the previous calendar year. The calendar year for which this return is filed must be entered in the upper right corner of this form. If the due date is Saturday, Sunday, or a legal holiday, the next business day becomes the due date.

## Penalty and Interest

In general, penalty and interest apply to any portion of the tax that is not paid on or before the original due date of the return. Interest will be computed on the underpayment of tax at the rate of 1% (.01) per month or fraction of a month, computed from the statutory due date to the date of payment.

**Late Payment Penalty:** The penalty for late payment of tax is 10% (.10) of the tax due or \$50, whichever is greater.

**Late Filing Penalty:** In the event that no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report that is required by law to be filed.

## Premium Allocation Schedule

**Column 7** - When computing the tax, premium shall include all premiums, membership fees, assessments, dues, and any other consideration for insurance.

If a policy covers risks or exposures only partially in this state, the tax is computed on the portions of the premium which are allocated to the risks or exposures located in this state.

Use the following codes in Column 8:

CODE A - Policy covers risks wholly within Connecticut

CODE B - Policy covers risks or exposures only partially within Connecticut. **Attach a copy of your allocation schedule to this return.**

- A. **Property coverage** (including fire and allied lines, U & O, boiler and machinery insurance) - allocate to Connecticut in the proportion that the insured value of all properties in Connecticut bears to the insured value of all properties everywhere.

B. **Coverage on mobile equipment** (trucks, automobiles, etc.) - allocate to Connecticut in the proportion that vehicles garaged in Connecticut bear to vehicles garaged everywhere.

C. **Railroad rolling stock** - allocate to Connecticut in the proportion that car days in Connecticut bear to car days everywhere.

D. **Workers compensation** - allocate to Connecticut in the proportion that payroll involving employees in Connecticut bears to total payroll everywhere.

E. **Liability coverages** (OL&T, M&C, etc.) - allocate to Connecticut in the proportion that the number of insured locations in Connecticut bears to the number of insured locations everywhere.

F. **Products liability** - allocate to Connecticut in the proportion that exposure in Connecticut bears to exposure everywhere.

**Example:** Aircraft products liability - based on air miles flown over Connecticut in proportion to total air miles, or passenger boardings within Connecticut to total passenger boardings everywhere.

G. **Travel accident** - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

H. **Group life and group accident & health** - allocate to Connecticut in the proportion that the number of insured employees in Connecticut bears to the number of insured employees everywhere.

**Column 8** - Use the following codes:

CODE A - Policy covers risks wholly within Connecticut

CODE B - Policy covers risks or exposures only partially within Connecticut

## Statutory Reference

Information regarding the responsibilities of the insured and the unauthorized insurer is located in Conn. Gen. Stat. §§38a-271 through 38a-278.

## For Additional Information

If you have any questions, please contact the Excise/Public Services Subdivision of the Audit Division at 860-541-3225, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m.